

# WHAT PREDICT BINGE EATING DISORDER IN NON-CLINICAL FEMALE ADOLESCENTS? EXPLORING PEER ATTACHMENT AND EMOTION REGULATION.

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## 1. BACKGROUND

The Binge Eating Disorder (BED; APA, 2013) may be the **prevalent** eating disorder (ED) among **community adolescents** in Western Countries (Marzilli, Cerniglia & Cimino, 2018), but little is known about its specific correlates in this developmental stage.

Clinical research underlined **relations** between more ED in adolescence and less security in **peer attachment** (Laghi, Baiocco, Ghezzi, Petrocchi & Pace, 2012), as well as higher use of potentially disadaptive **Emotion Regulation (ER) strategies** (Essau, LeBlanc & Ollendick, 2017), such Expressive Suppression (ES; Gross & John, 2003), instead of the use of adaptive ones, such as Cognitive Reappraisal (CR) in the Gross' model.

However, to our knowledge, **no studies before investigated relations among BED symptoms, peer attachment and Gross' ER strategies in community adolescents**. This is the preliminary report of a larger pilot study that investigated risk factors for BED in community adolescents (Pace & Muzi, 2018), through narrative measures such *Friends and Family Interview* (FFI; Steele & Steele, 2005; Pace, 2014).

## AIMS:

- (I) To investigate the **associations** among BED symptoms, peer attachment and ER strategies - Cognitive Reappraisal (CR) and Expressive Suppression (ES) - in non-clinical girls.
- (II) To predict the risk of BED symptoms, considering peer attachment and ER strategies as possible predictors.

## 2. METHODS

### PARTICIPANTS & PROCEDURES

**44 girls, aged 14-18 years** (M = 15.68, DS = 1.1), enrolled through high schools and came from Italian intact families with medium-higher SES.

All the older participants and the legal care-takers signed a written informed consent before the data collection, which took place on one occasion during school hours.

Procedures of the entire research were approved by the Ethical Committee for Research of the University of Genoa.

### MEASURES

1) the *Binge Eating Scale* (BES; Gormally, Black, Daston & Rardin, 1982), a specific self-report to measure the levels of BED symptoms.

2) the *Inventory of Peer and Parent Attachment* (IPPA; Armsden & Greenberg, 1989; Pace, San Martini & Zavattini, 2011) a self-report questionnaire to assess the security of attachment to mother, father and peers, also in terms of Trust, Communication and Alienation. In this study we considered only the scales related to peer attachment.

3) The *Emotion Regulation Questionnaire for Children and Adolescents* (ERQ-CA; Gullone e Taffe, 2012) to assess the use of ER strategies in the Gross' model, Expressive Suppression (ES) and Cognitive Reappraisal (CR).

## 4. DISCUSSION

In line with the general literature on eating disorders in community adolescents, the **binge eating symptoms were related to less security of peer attachment and to an higher use of the ER strategy Expressive Suppression** (Essau et al., 2017; Laghi et al., 2012), while they do not seem to be related to a lower use of the strategy Cognitive Reappraisal.

However, **in contrast** with the results reported by Laghi and colleagues (2012), **the peer attachment was not a significant predictor for BED in these non-clinical girls, while the alienation to peers resulted the strongest significant risk factor**.

## 3. RESULTS

### (I) ASSOCIATIONS.

Higher levels of **BED symptoms correlated with lower levels of Peer attachment** ( $r_s = -.370$ ,  $p = .014$ ), higher Alienation to peers ( $r_s = .476$ ,  $p = .001$ ), as well as with **a major use of the ER' strategy Expressive Suppression** ( $r_s = .424$ ,  $p = .004$ ).

No correlations were found with IPPA' scales related to Trust and Communication to peers (all  $p > .06$ ) and neither with the ER' strategy Cognitive Reappraisal ( $p = .6$ , n.s.).

### (II) PREDICTORS FOR BED SYMPTOMS.

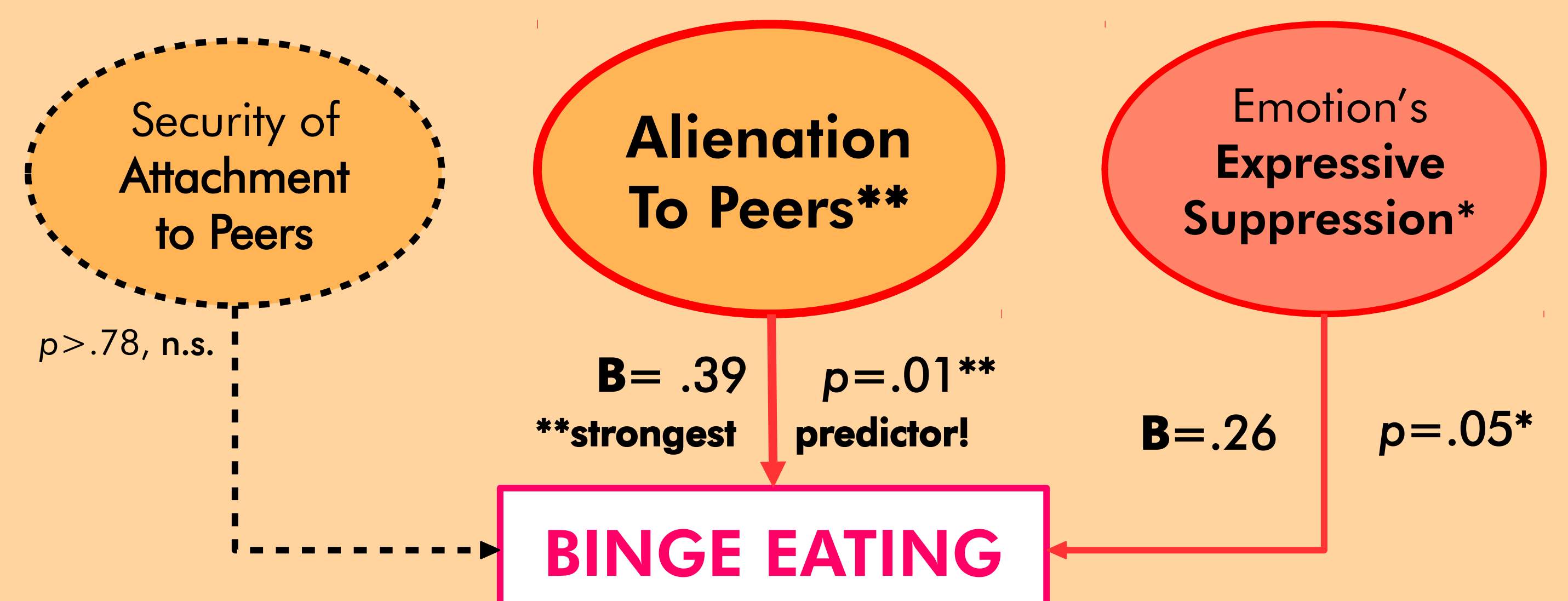


Fig.1. Predictors for binge eating symptoms (BES) in community female adolescents.

The multiple regression (Fig.1) revealed that **27% of BED symptoms may be predicted by the set of Attachment to Peers, Alienation to peers and use of strategy ES** ( $adjusted R^2 = .27$ ,  $p = .01$ ). However, only the Alienation to Peers and the ES were significant predictors of BED symptoms, while peer attachment was not a risk factor.

## 5. CONCLUSIONS

Results suggested that **risk factors for BED in community girls may be only partially shared with other ED, also revealing specific risk factors, such alienation to peers**.

In order to prevent binge eating symptoms in community female teenagers, we would suggest the **clinical and preventive utility to foster positive and involved peer relationships, also discouraging the use of expressive suppression to regulate emotions**.